

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)						SERIAL NO. 10/069147	FLING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
1	/	IND.	DER	IND.	DER		
2	/						
3	/						
4	3						
5	①						
6	②						
7	③						
8	④						
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50							
TOTAL IND.	/	↓	/	↓	↓		
TOTAL DEP.	9	↓	7	↓	↓		
TOTAL CLAIMS	10	↓	8	↓	↓		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS